BTI Class Checklist
(To be completed by the Breath Test Instructor)

Training Date: _____ **Training Location:** _____

☐ Grant   or   ☐ Non-Grant (Please check one)

<u>Certification Roster</u>
☐ Hard copy of Certification Roster
☐ Verified all information for each participant (no nicknames, must be legal name, including all suffixes)
☐ Training date is correct
☐ Training location is correct
☐ Class ratios are correct
☐ BTI(s) name(s) and signature(s) present
☐ Signature for each participant present
☐ Any participants with no signature are verified absent

☐ Any observers are documented properly

☐ Graduation Date listed (if applicable)

<table>
<tr><td><u>Key</u>
✓ - Verified Correct
N/A - Not Applicable/Does not Apply</td></tr>
</table>

<u>Practical Exams</u>
☐ One for each participant (sort by order on roster)
☐ Verify names match on both practical and roster
☐ Conducted as valid Training Test
☐ Successful test
☐ Both pages are present and the "Breath Test Report Form" is signed

<u>Written Exams</u>
☐ One exam for each participant
☐ Student signature present (wet signature, no copies)
☐ Exams are graded
☐ P or F circled on each exam
☐ BTI signature present on EACH exam **signifying that you have gone over any incorrect answers with the participant**

<u>Evaluations</u>
☐ One present for each participant (required for grant classes only)

<u>Final Review</u>
☐ All A/P/F/Y/N in white "Written Exam" and "Practical BT Test" columns filled out properly
☐ Submitted to OAT

BTI Name Printed: _____

BTI Signature: _____

Please include this sheet with the BTO Class paperwork submitted to OAT

Comments: _____
_____
_____
_____
_____